

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1994

Application or Docket Number

8/196154

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	23	minus 20 = 3
INDEPENDENT CLAIMS	—	minus 3 = —
MULTIPLE DEPENDENT CLAIM PRESENT		Improper

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	Fee	RATE
OR		660
x\$11=		
x38=		
+120=		
TOTAL		TOTAL
		726

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	Minus	** 23	= 2
Independent	—	Minus	***	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
x\$11=	22	x\$22=
x38=	—	x76=
+120=	—	+240=
TOTAL ADDIT. FEE	22	TOTAL ADDIT. FEE

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	28	Minus	** 25	= 3
Independent	12	Minus	*** 3	= 9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x\$11=	32.00	x\$22=	72.00
x38=	351.00	x76=	702.00
+120=	—	+240=	—
TOTAL ADDIT. FEE	383	TOTAL ADDIT. FEE	—

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	—	Minus	**	=
Independent	—	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

.. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 .. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 ... If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 09 Feb 95

2 Serial/Patent # 08/196154

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other <i>extra claims, multiple fee</i>				\$ <u>438.00</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>438.00</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> 10 REASON:		Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment			<u>03-3125</u>	
<input type="checkbox"/> No Fee Due (Explanation):		<i>Improper multiple claims</i>		
11 REFUND REQUESTED BY: <u>CAB</u>				
TYPED/PRINTED NAME: <u>Charissa A Burt</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Charissa A Burt</u>		PHONE: <u>305-37734</u>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>[Signature]</u>		DATE: <u>2/17/96</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B